Center for Epidemiological Studies Depression Scale for Children (CES-DC)

Purpose Consisting of 20 items, the scale is a modified version of the Center for Epidemiological Studies Depression Scale and was developed to screen for depression in children. Youth respondents are asked to indicate how strongly they have felt a certain way during the past week using a Likert-type scale that ranges from "not at all" to "a lot." Only two items on the questionnaire relate specifically to sleep or fatigue: item 7, "I was too tired to do things;" and item 11, "I didn't sleep as well as I usually sleep." However, research suggests there may be a biological link between sleep and depression in children [1], and clinicians may find that screening for both issues allows for more effective diagnosis and treatment.

Population for Testing The scale has been validated with youth aged 6–23 years old.

Administration This self-report, pencil-and-paper test requires approximately 5 min for completion. Younger children may require help.

Reliability and Validity In a study conducted by Fendrich and colleagues [2], internal consistency was $\alpha = .89$, effect size was estimated at .72, and sensitivity was 80%.

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Scoring For the majority of questions, an answer of "not at all" receives a score of 0, "a little" receives 1, "some" receives 2, and "a lot" receives 3. However, items 4, 8, 12, and 16 are worded positively and scores are reversed, ensuring that respondents attend to questions and answer honestly. Higher scores represent greater depressive symptoms, and developers recommend a score of 15 as a cutoff for screening.

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INSTRUCTIONS FOR USE

Center for Epidemiological Studies Depression Scale for Children (CES-DC)

The Center for Epidemiological Studies Depression Scale for Children (CES-DC) is a 20-item self-report depression inventory with possible scores ranging from 0 to 60. Each response to an item is scored as follows:

0 ="Not At All"

1 = "A Little"

2 = "Some"

3 = "A Lot"

However, items 4, 8, 12, and 16 are phrased positively, and thus are scored in the opposite order:

3 ="Not At All"

2 = "A Little"

1 = "Some"

0 = "A Lot"

Higher CES-DC scores indicate increasing levels of depression. Weissman et al. (1980), the developers of the CES-DC, have used the cutoff score of 15 as being suggestive of depressive symptoms in children and adolescents. That is, scores over 15 can be indicative of significant levels of depressive symptoms.

Remember that screening for depression can be complex and is only an initial step. Further evaluation is required for children and adolescents identified through a screening process. Further evaluation is also warranted for children or adolescents who exhibit depressive symptoms but who do not screen positive.

See also

Tool for Families: Symptoms of Depression in Adolescents, p. 126.

Tool for Families: Common Signs of Depression in Children and Adolescents, p. 147.

REFERENCES

Weissman MM, Orvaschel H, Padian N. 1980. Children's symptom and social functioning selfreport scales: Comparison of mothers' and children's reports. *Journal of Nervous Mental Disorders* 168(12):736–740.

Faulstich ME, Carey MP, Ruggiero L, et al. 1986. Assessment of depression in childhood and adolescence: An evaluation of the Center for Epidemiological Studies Depression Scale for Children (CES-DC). American Journal of Psychiatry 143(8):1024–1027.

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Center for Epidemiological Studies Depression Scale for Children (CES-DC)

		Score			
	TRUCTIONS				
Belo	w is a list of the ways you might have felt or acted. Please	cneck now <i>mucn</i> y	ou have felt this	way during the	past week.
DURING THE PAST WEEK		Not At All	A Little	Some	A Lot
1.	I was bothered by things that usually don't bother me.				
2.	I did not feel like eating, I wasn't very hungry.				
3.	I wasn't able to feel happy, even when my family or friends tried to help me feel better.				
4.	I felt like I was just as good as other kids.				
5.	I felt like I couldn't pay attention to what I was doing.				
DURING THE PAST WEEK		Not At All	A Little	Some	A Lot
6.	I felt down and unhappy.				
7.	I felt like I was too tired to do things.				
8.	I felt like something good was going to happen.				
9.	I felt like things I did before didn't work out right.				
10	. I felt scared.				
DURING THE PAST WEEK		Not At All	A Little	Some	A Lot
11.	. I didn't sleep as well as I usually sleep.				
12	. I was happy.				
13	. I was more quiet than usual.				
14.	. I felt lonely, like I didn't have any friends.				
15.	. I felt like kids I know were not friendly or that they didn't want to be with me.				
DURING THE PAST WEEK		Not At All	A Little	Some	A Lot
16	. I had a good time.				
17.	. I felt like crying.				
18	. I felt sad.				
19	. I felt people didn't like me.				
20	. It was hard to get started doing things.				

Note: For sleep researches dealing with depression in children and adolescents, we have put a booklet we developed for parents, teaches, medical, paramedical professionals and psychologists on our website. This book entitled "Detecting Depression in Children and Adolescents" is

(we believe) helpful in general and specifically for dealing with children and parents referred to a sleep clinic and who are then "confronted" with a diagnosis of depression. The website is www. sleepontario.com

References

- Ivanenko, A., Crabtree, V. M., & Gozal, David. (2005).
 Sleep and depression in children and adolescents.
 Sleep Medicine Reviews, 9(2), 115–129.
- Fendrich, M., Weissman, M. M., & Warner, V. (1990). Screening for depressive disorder in children and adolescents: validating the center for epidemiologic studies depression scale for children. *American Journal of Epidemiology*, 131(3), 538–551.

Representative Studies Using Scale

Iwata, N, & Buka, S. (2002). Race/ethnicity and depressive symptoms: a cross-cultural/ethnic comparison among university students in East Asia, North and South America. Social Science and Medicine, 55(12), 2243–2252.